

AUTO CR - LOG SUMMARY # [REDACTED]

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the subject failed to adhere to the involved officer's commands to stop his actions in resisting his arrest by kicking and swinging his arms.	(None Entered)		

It is reported that the subject pulled away and pushed officer Chavez#4313 as the involved officer attempted to place the subject inside the caged area of the squad vehicle and Officer Chavez#4313 lost his balance at which time the involved officer Josephs#1312, deployed his taser to take control of the subject and placed him into custody.

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BOISSO, JOSEPH W	[REDACTED]	011 /	CAPTAIN OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
19-DEC-2011 01:15 - 19-DEC-2011 01:15	[REDACTED]	1112	011	303 - SIDEWALK	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	JOSEPHS, PATRICK R	1448	[REDACTED]	POLICE OFFICER	M	BLK		
NON-CPD	Victim/Subject	[REDACTED]				M	BLK	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-JAN-2012 12:36	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-JAN-2012 12:36	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	10-JAN-2012 09:18	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	10-JAN-2012 08:48	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	10-JAN-2012 08:45	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	10-JAN-2012 08:41	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-DEC-2011 06:45	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	19-DEC-2011 04:31	KOCHAN, MARK	POLICE OFFICER	116 /	initiated by: Name BOISSO, JOSEPH Star No. 123 Emp No. [REDACTED] Assigned Unit No. 011 Position CAPTAIN OF POLICE

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					KOCHAN, MARK	19-DEC-2011 04:31			
	DOCUMENTS - INTAKE INCIDENT		6	[REDACTED]	N	TOUSANT, LISA	10-JAN-2012 08:47	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	CHAVEZ ANTHONY R 4313	N	TOUSANT, LISA	10-JAN-2012 08:42	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	JOSEPHS PATRICK R 13412	N	TOUSANT, LISA	10-JAN-2012 08:45	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	X00-565604	N	TOUSANT, LISA	10-JAN-2012 08:44	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 19-DEC-2011) - LOG #1050756

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BOISSO, JOSEPH W		011 /	CAPTAIN OF POLICE	M	WHI			

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
19-DEC-2011 01:15 - 19-DEC-2011 01:15		, 1112	011	303 - SIDEWALK	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	19-DEC-2011 04:31	KOCHAN, MARK	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-JAN-2012 12:36	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-JAN-2012 12:36	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	10-JAN-2012 09:18	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	10-JAN-2012 08:48	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	10-JAN-2012 08:45	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	10-JAN-2012 08:41	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-DEC-2011 06:45	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	19-DEC-2011 04:31	KOCHAN, MARK	POLICE OFFICER	116 /	initiated by: Name BOISSO, JOSEPH Star No. 123 Emp No. [REDACTED] Assigned Unit No. 011 Position CAPTAIN OF POLICE

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 19-DEC-2011		TIME 01:15:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 303		4 BEAT/OCCUR 1112		
MEMBER INVOLVED DNA SUBJECT INFORMATION	5 POSITION 9161	6 LAST NAME CHAVEZ	7 FIRST NAME ANTHONY R	8 STAR NO 4313	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE [REDACTED]	12 HT 508	13 WT 157			
	14 DATE OF APPT 16-DEC-2009	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 011 1121R	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20 LAST NAME [REDACTED]	21 FIRST NAME [REDACTED]	22 M I [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 D O B [REDACTED]	26 HT 606	27 WT 300				
	28 ADDRESS [REDACTED]	29 TELEPHONE NO [REDACTED]	30 WAS SUBJECT ARMED? FEET, HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? CFD # 10	34 BY WHOM? CFD # 10	35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36 CHARGES PLACED 720 ILCS 570.0/402-C	<input type="checkbox"/> DNA	37 CB NO [REDACTED]	IR NO [REDACTED]	<input type="checkbox"/> DNA				
	38 <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE		
	REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>					
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>					
		OTHER _____		OTHER _____	OTHER _____	OTHER _____	OTHER _____					
		MEMBER'S RESPONSE		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input checked="" type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____					
MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____			
39 <input checked="" type="checkbox"/> DNA		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40 ADDITIONAL INFORMATION							
WEAPON DISCHARGE INCIDENT		POSITION	STAR NO	UNIT								
		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>	42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43 LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44 WEATHER CONDITIONS CLEAR						
		49 TASER DART ID NO	50 WEAPON SERIAL NO (Include Letters)	51 CHICAGO GUN REG NO	52 IL FIREARM OWNER ID NO	53 HANDGUN CERTIFICATE NO						
		54 SPECIAL WEAPON CERTIFICATE NO	55 PROPERTY INVENTORY NO	56 TYPE OF AMMUNITION USED	57 NO OF WEAPONS DISCHARGED BY THIS MEMBER	58 TOTAL NO OF SHOTS MEMBER FIRED						
	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61 NO OF CARTRIDGES/SHOT SHELLS RELOADED	62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST)	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW							
	64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO										
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT										
	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)										
	70 EVENT NO [REDACTED]											
	71 DR NO [REDACTED]											
72 CASE INFO NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report												
73 REPORTING MEMBER (Print Name) [REDACTED] 19-DEC-2011 05:29:49												
74 REVIEWING SUPERVISOR (Print Name) [REDACTED] STAR NO 1442 SIGNATURE												
75 DATE REVIEWED TIME 19-DEC-2011 05:31:19												
76 SIGNATURES Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below												

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

CFD bandaged large finger of right hand which subject related happened when he fell to the ground He related he was unable to stand when he was tasered He stated "they should not have tasered me" When asked if he followed the officers directions or was kicking, he remained mute, except to repeat, "they should not have tasered me"

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officers actions conform with our Department's directives and procedures

Administrative CL Log # 1050756 obtained

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

BOISSO, JOSEPH W

SIGNATURE

DATE COMPLETED TIME

19-DEC-2011 05:36:38

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT
 OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

IOD REPORT
 CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

3

**TASER Information**

Serial #	<i>X00-565604</i>	Downloaded By	
Model #	<i>X26</i>	Name	<i>Robert Klich</i>
X26 Software Version	<i>22</i>	Dept	<i>cpd</i>
Dataport CD Version	<i>17.9</i>	Rank	<i>Lieutenant</i>
Record Date Range	<i>12/19/2011 - 12/19/2011</i>	Windows Version	<i>Windows XP</i>
Computer Time Zone	<i>Central Standard Time *DST</i>	Report Generated	<i>01/06/12 10:55:09 (local)</i>
Using Daylight Savings Time	<i>Yes</i>		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001		Incomplete Time Change Record			
0002	10/25/10 19:01:18	10/25/10 14:01:18	Old Time		
0003	10/25/10 19:01:18	10/25/10 14:01:18	New Time		
0004	10/25/11 11:17:04	10/25/11 06:17:04	Old Time		
0005	10/25/11 11:06:07	10/25/11 06:06:07	New Time		
0006	12/19/11 16:24:44	12/19/11 10:24:44	6	26	72
0007	12/19/11 18:13:22	12/19/11 12:13:22	Old Time		
0008	12/19/11 18:11:46	12/19/11 12:11:46	New Time		

End of Report.

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION	1 DATE OF INCIDENT 19-DEC-2011	TIME 01:15:00	2 ADDRESS OF OCCURRENCE [REDACTED]	3 LOCATION CODE 200	4 BEAT/OCCUR 1112				
	5 POSITION 9161	6 LAST NAME JOSEPHS	7 FIRST NAME PATRICK R	8 STAR NO 13412	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE BLK	11 AGE [REDACTED]	12 HT 604	13 WT 235
	14 DATE OF APPT 25-OCT-2004	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 011 1121R	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20 LAST NAME [REDACTED]	21 FIRST NAME [REDACTED]	22 M I [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 D O B [REDACTED]	26 HT 508	27 WT 175	
	28 ADDRESS [REDACTED]	29 TELEPHONE NO [REDACTED]	30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34 BY WHOM? [REDACTED]	35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36 CHARGES PLACED 720 ILCS 570.0/401-D, 2-84-300	37 CB NO [REDACTED]	IR NO [REDACTED]	DNA [REDACTED]		
	38 <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER	ASSAILANT ASSAULT	ASSAILANT BATTERY	ASSAILANT DEADLY FORCE		
	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>				
	OTHER _____	OTHER CHARGED R/O	OTHER _____	OTHER _____	OTHER _____				
39 <input checked="" type="checkbox"/> DNA	MEMBER'S RESPONSE		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____				
* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40 ADDITIONAL INFORMATION						
POSITION [REDACTED]	STAR NO [REDACTED]	UNIT [REDACTED]	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43 LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44 WEATHER CONDITIONS CLEAR			
49 TASER DART ID NO [REDACTED]	50 WEAPON SERIAL NO (Include Letters) [REDACTED]	51 CHICAGO GUN REG NO [REDACTED]	52 IL FIREARM OWNER ID NO [REDACTED]	53 HANDGUN CERTIFICATE NO [REDACTED]					
54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]	55 PROPERTY INVENTORY NO [REDACTED]	56 TYPE OF AMMUNITION USED [REDACTED]	57 NO OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]					
59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61 NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]			67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT			70 EVENT NO [REDACTED]			
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]						
72 CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report						71 RD NO [REDACTED]		
SIGNATURES	73 REPORTING MEMBER (Print Name) JOSEPHS, PATRICK R 19-DEC-2011 05:18:26						74 REVIEWING SUPERVISOR (Print Name) ALLEN, DANIEL H		
	STAR/EMPLOYEE NO 13412	SIGNATURE [REDACTED]	STAR NO 1442	SIGNATURE [REDACTED]	DATE REVIEWED 19-DEC-2011 05:23:24	TIME			

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

CFD bandaged large finger of right hand which subject related happened when he fell to the ground He related he was unable to stand when he was tasered He stated "they should not have tasered me" When asked if he followed the officers directions or was kicking, he remained mute, except to repeat, "they should not have tasered me"

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officers actions conform with our Department's directives and procedures

Administrative CL Log # 1050756 obtained

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

BOISSO, JOSEPH W

SIGNATURE

DATE COMPLETED

TIME

19-DEC-2011 05:35:27

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

- CASE REPORT SUPPLEMENTARY REPORT
 ARREST REPORT OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

IOD REPORT

CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

3

CHICAGO POLICE DEPARTMENT

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C (REV. 6/30)

FINAL APPROVAL

CB #: [REDACTED]
IR #: [REDACTED]
YD #: [REDACTED]
RD #: [REDACTED]
EVENT #: [REDACTED]

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Male	
	[REDACTED]	Black	
	Res: [REDACTED]	6' 04"	
		300 lbs	
	None	Brown Eyes	
DOB: [REDACTED]	Black Hair		
AGE: 22 years	Dreadlocks Hair		
POB: Illinois	Style		
ARMED WITH Unarmed	Black Complexion		

INCIDENT	Arrest Date: 19 December 2011 01:15	TRR Completed? Yes	Total No Arrested: 2	Co-Arrests	Assoc Cases
	Location: [REDACTED]	Beat: 1112	[REDACTED]	[REDACTED]	[REDACTED]
	303 - Sidewalk		Dependent Children? No	DCFS Ward ?	No
	Holding Facility: District 011 Male Lockup				
Resisted Arrest? Yes					

CHARGES	Offense As Cited 720 ILCS 5.0/31-4.5-A		Victim
	OBSTRUCTING IDENTIFICATION		State Of Illinois, P.O.
	Class A - Type M		Chavez#4313
	2	Offense As Cited 2-84-300	RESISTING POLICE OFFICER
		Class L -	Chavez#4313

RECOVERED NARCOTICS	NO NARCOTICS RECOVERED			IR #:
				CB #:

WARRANT	NO WARRANT IDENTIFIED			CB #:
				IR #:

ARREST REPORTING

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Josephs#13412 Res: 3151 W Harrison St Chicago, IL 60612 312-746-8386	Beat: 1134	Male DOB: Age: Comments:	Injured? No Hospitalized? No Treated and Released? No	Deceased? No
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VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Chavez#4313 Res: 3151 W Harrison St Chicago, IL 60612 312-746-8386	Beat: 1134	Male DOB: Age: Comments:	Injured? No Hospitalized? No Treated and Released? No	Deceased? No
Empl: 3151 W Harrison St Chicago, IL 60612 312-746-8386	Beat: 1134			

ARRESTEE VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

ARREST REPORTING

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT# [REDACTED] IN SUMMARY, A/O'S WHILE ON ROUTINE PATROL AT [REDACTED] OBSERVED (2) MB LOITERING ON THE SIDEWALK OF A CLOSED BUSINESS ESTABLISHMENT FOR APPROX 2 MINUTES. A/O'S KNOWING THIS AREA TO BE HIGH IN NARCOTICS ACTIVITY WENT AROUND THE BLOCK AND THERE WAS ONLY ONE (1) M1 AT THE EXACT LOCATION OF WHERE EACH WERE SCENE LOITERING. A/O'S APPROACHED OFFENDER #2 [REDACTED] FOR A FIELD INTERVIEW AND ASKED WHERE THE OTHER INDIVIDUAL WAS THAT HE WAS STANDING ON THE CORNER WITH. OFFENDER #2 THEN STATES " I DON'T KNOW DUDE" AT WHICH POINT A/O'S CHAVEZ#4313 SPOTTED OFFENDER #1 HIDING BEHIND A TREE APPROX 15' SOUTH FROM THE AREA OF WHERE THE FIELD INTERVIEW WAS OCCURRING. A/O'S JOSEPHS#13412 THEN WENT TO THE LOCATION WHERE OFFENDER#1 [REDACTED] WAS HIDING AND A/O CHAVEZ#4313 VIEWED OFFENDER #1 THROW FROM HIS HAND (3) THREE CLEAR ZIP LOCK BAGGIES(SUSPECT HEROIN) ON TO THE PUBLIC WAY. DURING THIS TIME OFFENDER #2 BEGAN TO PULL AWAY AND PUSH OFFICER CHAVEZ#4313 DISREGARDING ALL OF P.O. CHAVEZ#4313 VERBAL DIRECTIONS.ONCE OFFICER CHAVEZ#4313 HAD OFFENDER#2 HANDCUFFED P.O.CHAVEZ#4313 TRIED TO PUT HIM INTO THE CAGED AREA OF THE SQUAD CAR. OFFENDER #2 CONTINUED TO PULL AWAY AND PUSH OFFICER CHAVEZ#4313 AS WELL AS THROWING HIS WEIGHT AROUND CAUSING P.O. CHAVEZ#4313 TO LOSE HIS BALANCE AND USE AN EMERGENCY TAKEDOWN METHOD.ONCE OFFENDER#2 WAS ON THE GROUND AS A RESULT OF THE EMERGENCY TAKEDOWN HE BEGAN KICKING FROM THE GROUND IN WHAT WAS AN ATTEMPT TO FLEE AS WELL AS DISREGARDING ALL P.O.CHAVEZ#4313 ORDERS TO COMPLY AND ULTIMATELY AFFECT P.O. CHAVEZ#4313 ARREST.AS A RESULT OFFENDER#2 WAS TASED BY P.O.JOSEPHS#13412 AT 016HRS. DURING THE PROTECTIVE PAT DOWN BY BEAT 1122R P.O.CARMICKLE#19800 RECOVERED 2 CLEAR ZIP LOCK BAGGIES (SUSPECT HEROIN) FROM OFFENDER #1 FRONT POCKET. OFFENDER#1 ([REDACTED]) AND OFFENDER#2 ([REDACTED])WERE PLACED INTO CUSTODY AND TRANSPORTED INTO THE 11TH DISTRICT FOR PROCESSING.

INCIDENT NARRATIVE

NARCOTICS WERE INVENTORIED UNDER# [REDACTED]

SEE WC COMMENTS SECTION FOR ADDITIONAL COMMENTS

COURT INFO	Desired Court Date: 21 February 2012 Branch: 43-2 3150 W FLOURNOY - Room Court Sgt Handle? No Initial Court Date: 19 December 2011 Branch: 43-2 3150 W FLOURNOY - Room Docket #:
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BOND INFO

BOND INFORMATION NOT AVAILABLE

ARREST REPORTING

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #4313 CHAVEZ, A R [REDACTED] 19 DEC 2011 04 08

ARRESTING OFFICER(S):

1st Arresting Officer:	#13412 JOSEPHS, P R [REDACTED]	Beat	1121R
2nd Arresting Officer:	#4313 CHAVEZ, A R ([REDACTED])		1121R

APPROVING SUPERVISOR:

Approval of Probable Cause : #123 BOISSO, J W ([REDACTED]) 19 DEC 2011 04 20

ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

VISITOR LOG

Holding Facility: District 011 Male Lockup Received in Lockup: 19 December 2011 04 25 Prints Taken: 19 December 2011 04 42 Palmpints Taken: Yes Photograph Taken: 19 December 2011 04 42 Released from Lockup: 19 December 2011 08 13	Time Last Fed: Time Called: Cell #: F Transport Details : 2PO 1121R 19-DEC-2011 01 30
VISUAL CHECK OF ARRESTEE	
Is there obvious pain or injury? Is there obvious signs of infection? Under the influence of alcohol/drugs? Signs of alcohol/drug withdrawal? Appears to be despondent? Appears to be irrational? Carrying medication?	No No No No No No No
ARRESTEE QUESTIONNARIE	
Presently taking medication? (if female)are you pregnant? First time ever been arrested? Attempted suicide/serious harm? Serious medical or mental problems? Are you receiving treatment?	No No No No No No
RETURN TO HOLDING FACILITY COMMENTS:	
QUESTIONNAIRE REMARKS:	
LOCKUP KEEPER COMMENTS:	
EMERGENCY CONTACT Name : REFUSED Res: Beat:	

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

#340 Sesso, Steven A [REDACTED]

19 DEC 2011 07 35

Subject is on parole. IDOC has declined to issue a parole violation warrant. Tracer# [REDACTED]

DOES NOT APPLY TO THIS ARREST

REL W/o CHARGING

ARRESTEE PROCESSING PERSONNEL:

	Beat
Searched By: #15051 OLSZEWSKI, R K [REDACTED]	
Lockup Keeper: #11704 BOGUSZ, M P [REDACTED]	
Assisting Arresting Officer: #14700 GALLEGOS, J J [REDACTED]	1121R
Assisting Arresting Officer: #1731 GRANIAS, G A [REDACTED]	1130R
Assisting Arresting Officer: #1811 KEARNIS, M E [REDACTED]	1110R
Assisting Arresting Officer: #19800 CARMICKLE, B E [REDACTED]	1122R
Fingerprinted By: #11704 BOGUSZ, M P [REDACTED]	

APPROVAL PERSONNEL:

Beat
Final Approval of Charges : #340 SESSO, S A [REDACTED] 19 DEC 2011 07 35